

**Mailing List Form**

(For Office Use Only)			
Mailing List ID	First Name	Last Name	Title
Organization/Company Name			
Type of Business			
Mailing Address			
Street/P.O. Box			
			(For Office Use Only)
City	State	Postal Code	Region
Work Phone	Fax Number	E-mail Address	
Please include me on DOLI's: [Mark an <b>X</b> to the appropriate box(es)]			
Mailing List	Conference List	Vendor List	
<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	

Please mark the program(s) of specific interest to you.

☐ Apprenticeship    ☐ Boiler/Pressure Vessel Safety    ☐ Labor & Employment Law    ☐ Occupational Safety & Health

Fax this form to: (804) 786-8418 Attention: Cooperative Programs; or Mail to:

Commonwealth of Virginia  
Department of Labor & Industry  
13 South Thirteenth St.  
Richmond, VA 23219